



THE COMMONWEALTH OF MASSACHUSETTS

Statement of Reconciliation (Form TAF1)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Reconciliation:	2. Name of Traveler:	Dates of Travel:
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4. Employee Certification:

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the following statement is true and correct. Any significant changes to the original travel accommodations have been attached to this form and explained below.

Signature of Traveler:

5. Actual Expenses:

Private Funds	State/Federal Funds	Personal Funds	Other Funds
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Transportation: (check all that applied)			
<input type="checkbox"/> Air			
<input type="checkbox"/> Taxi			
<input type="checkbox"/> Car: <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Rental			
Lodging: nights at \$ per night. =			
Meals:			
Other: (please list):			
Sub Total(s)			
Grand Total			

6. Description of Changes:

7. Authority Notification:

Signature of Department Head or Designee:	Title:	Date:
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Signature of Cabinet Secretary:	Date:
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Attach additional documentation as needed. This form must be filed as a business record, but is not to be used as back-up for travel reimbursement. Travelers must submit a completed PV-Travel Form with original receipts approved by Traveler's supervisor for reimbursement.